



No Child Left Behind Act (NCLB)

***FY 2003 Carry-Over Final Report
FORMS***



New Jersey Department of Education
No Child Left Behind (NCLB)
LEA Consolidated Formula Subgrant
 Fiscal Year 2003

**SUBMIT TO COUNTY
 OFFICE OF
 EDUCATION ONLY**

Date received by the
 county office _____

***Carry-Over Final Report
 Title Page***

| | | | | |
|---|-----------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Individual LEA Applicant | | <input type="checkbox"/> Consortium Applicant | | |
| <input type="checkbox"/> Final Report for Carryover from FY 2003 | | Project Code: NCLB ____ - 03 Carry-Over Project Period: 9/1/2003 to 8/31/2004 | | |
| 1. LEA: | | 2. County: | | |
| 3. Project Director: | 3a. Tel. #: | 3b. FAX #: Email: | | |
| 4. Address: | | | | |
| NCLB PROGRAMS | 5. Approved Amount | 6. Expended Amount | 7. Unexpended Balance | 8. Amount Being Returned to NJDOE |
| TITLE I - A | \$ | \$ | \$ | \$ |
| TITLE I - SIA | \$ | \$ | \$ | \$ |
| TITLE II - A | \$ | \$ | \$ | \$ |
| TITLE II - D | \$ | \$ | \$ | \$ |
| TITLE III | \$ | \$ | \$ | \$ |
| TITLE IV | \$ | \$ | \$ | \$ |
| TITLE V | \$ | \$ | \$ | \$ |
| TITLE VI | \$ | \$ | \$ | \$ |
| 9. TOTALS: | \$ | \$ | \$ | \$ |
| 10. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets, if necessary.) | | | | |
| 11. Board Secretary/Business Administrator (Signature): | | | | |
| 12. Approved by Chief School Administrator (Signature): | | | | Date: |
| CONSORTIUM APPLICANTS APPLYING FOR CARRY-OVER MUST CHECK OFF BELOW | | | | |
| 13. <input type="checkbox"/> As the applicant agency for the consortium, I certify that all participating LEAs are in agreement with this Carry-Over Application. | | | | |
| COUNTY/SEA USE ONLY FOR FINAL REPORT AND/OR CARRY-OVER APPLICATION APPROVAL | | | | |
| County Office | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | ES Signature: | Date: |
| | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | BA Signature: | Date: |
| OGM | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Signature: | Date: |
| COPY DISTRIBUTION: County Office Chief School Administrator | | | | |



No Child Left Behind Act (NCLB)
LEA Consolidated Formula Subgrant
 Fiscal Year 2003

Carry-Over Budget Summary

LEA: _____ COUNTY: _____ PROJECT CODE: NCLB _____-03

Carry-Over Project Period: 9/1/03-8/31/04

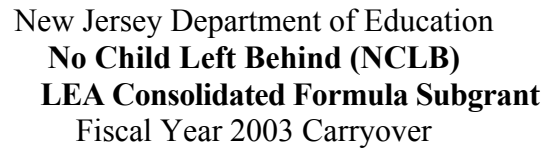
| EXPENDITURE CATEGORY | FUNC. & OBJECT CODES | FUNDING SOURCES | | | | | | | | |
|---------------------------------------|----------------------|-----------------|-------------|-----------------|-----------------|-----------|----------|---------|----------|-----------------------|
| | | TITLE I | TITLE I SIA | TITLE II PART A | TITLE II PART D | TITLE III | TITLE IV | TITLE V | TITLE VI | Non-Abbott SCHOOLWIDE |
| INSTRUCTION | | | | | | | | | | |
| Personal Services - Salaries | 100-100 | | | | | | | | | |
| Purchased Prof. & Tech. Serv. | 100-300 | | | | | | | | | |
| Other Purchased Services | 100-500 | | | | | | | | | |
| General Supplies | 100-600 | | | | | | | | | |
| Other Objects | 100-800 | | | | | | | | | |
| SUPPORT SERVICES | | | | | | | | | | |
| Personal Services - Salaries | 200-100 | | | | | | | | | |
| Personal Services – Employee Benefits | 200-200 | | | | | | | | | |
| Purchased Prof. & Tech. Serv. | 200-300 | | | | | | | | | |
| <i>Purchased Prof. – Ed. Serv.</i> | 200-320 | | | | | | | | | |
| Purchased Property Services | 200-400 | | | | | | | | | |
| Other Purchased Services | 200-500 | | | | | | | | | |
| Travel | 200-580 | | | | | | | | | |
| Supplies and Materials | 200-600 | | | | | | | | | |
| Other Objects | 200-800 | | | | | | | | | |
| Indirect Costs | 200-860 | | | | | | | | | |
| FAC ACQ & CONSTRUCTION | | | | | | | | | | |
| Buildings | 400-720 | | | | | | | | | |
| Instructional Equipment | 400-731 | | | | | | | | | |
| Noninstructional Equipment | 400-732 | | | | | | | | | |
| SCHOOLWIDE | | | | | | | | | | |
| Schoolwide Programs: Abbott | 520-930 | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | |

 LEA Business Administrator Name

 LEA Business Administrator Signature

 Date

2 February 18, 2005



LEA: _____ **COUNTY:** _____ **PROJECT CODE: NCLB** _____ **- 03**

TPAF/FICA: 7.65% minimum

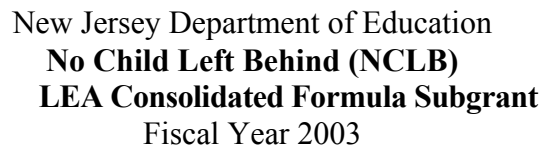
[illegible]

LEA Business Administrator Name

LEA Business Administrator Signature

Date _____

3 February 18, 2005



LEA: _____ **COUNTY:** _____ **PROJECT CODE:** **NCLB** **- 03**

LEA Business Administrator Name

4 February 18, 2005



New Jersey Department of Education
No Child Left Behind (NCLB)
LEA Consolidated Formula Subgrant
 Fiscal Year 2003

Carry-Over Final Report – Federal Equipment Inventory

LEA: _____ COUNTY: _____ PROJECT CODE: NCLB ____ - 03

Equipment threshold \$2,000

| Acquisition Date | Description (Name, Type, Size) | Manufacturer/ Model | Serial/Inventory Number | Unit Acquisition Cost | NCLB Cost | Title | % of NCLB Cost by Title | Location in LEA |
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